

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09888899

BEST AVAILA BIE COPY

CLAIMS AS FILED - PART I

|                                  | (Column 1)    | (Column 2)               |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 13            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 13 minus 20 = | 0                        |
| INDEPENDENT CLAIMS               | 3 minus 3 =   | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

8/26/04 CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 13                               | Minus                              | 20 =          |
| Independent   | 3                                | Minus                              | 3 =           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| SMALL ENTITY TYPE |        | OTHER THAN SMALL ENTITY |        |
|-------------------|--------|-------------------------|--------|
| RATE              | FEES   | RATE                    | FEES   |
| BASIC FEE         | 355.00 | OR BASIC FEE            | 710.00 |
| X\$ 9=            |        | OR X\$18=               |        |
| X40=              |        | OR X80=                 |        |
| +135=             |        | OR +270=                |        |
| TOTAL             |        | OR TOTAL                | 710    |

| SMALL ENTITY     |                | OTHER THAN SMALL ENTITY |                |
|------------------|----------------|-------------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                    | ADDITIONAL FEE |
| X\$ 9=           |                | OR X\$18=               |                |
| X40=             |                | OR X80=                 |                |
| +135=            |                | OR +270=                |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE     |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | Minus                            | ..                                 | =             |
| Independent   | Minus                            | ...                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE ADDITIONAL FEE |  | RATE ADDITIONAL FEE |  |
|---------------------|--|---------------------|--|
| X\$ 9=              |  | OR X\$18=           |  |
| X40=                |  | OR X80=             |  |
| +135=               |  | OR +270=            |  |
| TOTAL ADDIT. FEE    |  | OR TOTAL ADDIT. FEE |  |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | Minus                            | ..                                 | =             |
| Independent   | Minus                            | ...                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE ADDITIONAL FEE |  | RATE ADDITIONAL FEE |  |
|---------------------|--|---------------------|--|
| X\$ 9=              |  | OR X\$18=           |  |
| X40=                |  | OR X80=             |  |
| +135=               |  | OR +270=            |  |
| TOTAL ADDIT. FEE    |  | OR TOTAL ADDIT. FEE |  |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.